
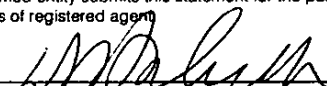
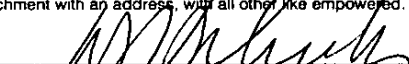


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90032 035 ****61.25

DOCUMENT # N96000002914 1. Entity Name SUNTREE WOODS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 905 SUNTEE WOODS DR MELBOURNE, FL 32940			Mailing Address 905 SUNTEE WOODS DR MELBOURNE, FL 32940		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3167351	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANNON, JAMES T 905 SUNTREE WOODS DR MELBOURNE, FL 32940			7. Name and Address of New Registered Agent Name HAHN, DONALD L. Street Address (P.O. Box Number is Not Acceptable) 905 SUNTREE WOODS DR City MELBOURNE FL Zip Code 32940		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  TREASURER, SunTree Woods Homeowners Association 1/5/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMPSEY, JOHN R 813 SUNTREE WOODS DR MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMPSEY, JOHN R. 813 SUNTREE WOODS DR. MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAIN, ADDISON 889 SUNTREE WOODS DR MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARCHON, John 816 SunTree Woods DR Melbourne, FL 32940 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAHNY, DONALD L 905 SUNTREE WOODS DR MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAHN DONALD L. 905 SUNTREE WOODS DR Melbourne, FL 32940 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNOLD, BETTY 841 SUNTREE WOODS DR MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEREFORD, JEANETTE 901 SunTree Woods DR Melbourne, FL 32940 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		1/5/06 321-242-9817 <small>Date Daytime Phone #</small>			